

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

94 County St. Francois  
 Township St. Francois  
 Near Farmington, Mo.

Registration District No. 273  
 Primary Registration District No. 6018A

File No. 34236  
 Registered No. 134  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Nancy Jane Bunch

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 53 3 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hospital Records  
 (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hospital Cemetery DATE 11-1 1933

19. UNDERTAKER Hospital for Farmington Mo  
 (ADDRESS)

20. FILED Nov 1 1933 T. J. Robinson  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31 1933

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1933, to October 31, 1933

I last saw him alive on October 30, 1933. Death is said

to have occurred on the date stated above, at 12:20 AM.

The principal cause of death and related causes of importance were as follows:

Dementia Praecox (Paranoid Type) Date of onset Apr 1, 1905

Septicemia and Gangrenous Pyemia, Staphylococcus type Oct. 25, 1933

Other contributory causes of importance:

Pneumonia Oct. 15, 1933

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) C. C. Root, M. D.

(Address) Farmington, Mo.

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